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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	The Lincoln National Life Insurance Company
<b>TOI/Sub-TOI:</b>	L08 Life - Other/L08.000 Life - Other		
<b>Product Name:</b>	Lincoln Living Well Endorsement		
<b>Project Name/Number:</b>	Lincoln Living Well Endorsement/END-7058		

## Filing at a Glance

Company:	The Lincoln National Life Insurance Company
Product Name:	Lincoln Living Well Endorsement
State:	District of Columbia
TOI:	L08 Life - Other
Sub-TOI:	L08.000 Life - Other
Filing Type:	Form
Date Submitted:	01/10/2020
SERFF Tr Num:	LCNC-131512756
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	END-7058
Implementation	On Approval
Date Requested:	
Author(s):	James Kane, Chelsea Ronalter, Barry Sullivan, Joshua Hipps
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Implementation Date:	

**State:** District of Columbia  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** Lincoln Living Well Endorsement  
**Project Name/Number:** Lincoln Living Well Endorsement/END-7058

**Filing Company:** The Lincoln National Life Insurance Company

## General Information

Project Name: Lincoln Living Well Endorsement  
Project Number: END-7058  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Status of Filing in Domicile: Authorized  
Date Approved in Domicile: 12/20/2018  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 01/10/2020  
State Status Changed:  
Created By: Joshua Hipps  
Corresponding Filing Tracking Number:

Deemer Date:  
Submitted By: Joshua Hipps

### Filing Description:

Re: Individual Fixed and Variable Life Insurance Endorsement  
END-7058 Lincoln Living Well Endorsement  
The Lincoln National Life Insurance Company  
Group & NAIC #: 020-65676

Dear Policy & Form Examiner:

We are submitting the required number of copies of the above referenced form for your review and approval. This is a new form and will not replace any previously approved forms. Upon approval, this Endorsement may be issued with new issues of previously approved individual life insurance policies and/or in-force individual life insurance policies. If offered on in-force individual life insurance policies, the Endorsement will be mailed to the existing owner(s). The Endorsement may also be used with individual life insurance policies approved in the future. There will be no charge associated with this Endorsement.

This Endorsement will allow the Company to offer life insurance or wellness related incentives or benefits to the policy owner, insured, beneficiary, and/or other family members. The benefits offered may be limited to or vary by policies that meet established criteria. Multiple benefits may be offered on the same policy.

We have bracketed certain items in the forms as variable information (Statement of Variability included) because they may change for new issues of the Endorsement in the future (but will not change for in-force Endorsements). The items bracketed on the form as variable information include: the benefit offered, officer signature and title, and the effective date. It is our understanding that changes to the bracketed items for new issues will not require a new filing of this form. We confirm that the brackets will not actually appear on the form at issue.

The Endorsement appears in final printed format as issued from a laser printer. We do, however, use different computer publishing systems. It is therefore possible that the actual issued form may have a different font style than the submitted form. As a result, page breaks may occur at different lines, wording alignment may not match up exactly, and the format may change.

Our domicile state of Indiana approved the form on 12/20/2018.

The endorsement achieves a Flesch score of 60. The appropriate certification(s), transmittal and filing fee are included, as applicable. To the best of our knowledge and belief, the filing complies with all the laws and regulations of your state.

We trust that the information provided is satisfactory and look forward to your response. Should you require any additional

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information, please feel free to contact me toll-free at 1-800-258-3648, ext. 5593, or via the email address or fax number shown below.

Josh Hipps

Specialist, Product Compliance and State Filing

E-mail: Joshua.Hipps@lfg.com

Fax: (603) 226-5128

## Company and Contact

### Filing Contact Information

Joshua Hipps, Compliance Analyst, Product joshua.hipps@lfg.com

Compliance &amp; Filing

One Granite Place

603-226-5593 [Phone]

Concord, NH 03301

603-226-5128 [FAX]

### Filing Company Information

The Lincoln National Life

CoCode: 65676

State of Domicile: Indiana

Insurance Company

Group Code: 20

Company Type: Life

350 Church Street - MPM1

Group Name:

State ID Number:

Hartford, CT 06103-1106

FEIN Number: 35-0472300

(800) 238-6252 ext. [Phone]

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## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	The Lincoln National Life Insurance Company
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## Form Schedule

Lead Form Number: END-7058								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Lincoln Living Well Endorsement	END-7058	POLA	Initial		60.000	END-7058 Living Well Endorsement - FINAL.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NAP</b>	Network Access Plan
<b>NOC</b>	Notice of Coverage	<b>OTH</b>	Other
<b>OUT</b>	Outline of Coverage	<b>PJK</b>	Policy Jacket
<b>POL</b>	Policy/Contract/Fraternal Certificate	<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
<b>PRC</b>	Provider Contract/Provider Addendum/Provider Leading Agreement	<b>PRD</b>	Provider Directory

# The Lincoln National Life Insurance Company

## Endorsement [(Lincoln Living Well)]

[Effective Date: [SPECIMEN] ]

This Endorsement is a part of the Policy to which it is attached (the "Policy"). Except as provided below, this Endorsement is subject to the terms and conditions of the Policy. The purpose of this Endorsement is to offer benefits (which may include access to certain health and wellness services) to the policy owner, insured, beneficiary, and/or other family members. This Endorsement takes effect on the Effective Date.

### Benefit

We may offer a [promotional item] [or wellness incentive] that is related to life insurance or promotes health and wellness for free or at a discounted rate. Incentives may include gift cards, product discounts, prepayment of premium, or other value added services. Products may be issued by us (or another third party designated by us). If products are offered by a third party, we are not liable for any negligence or breach associated with that product.

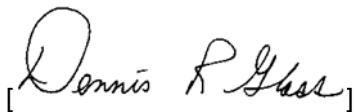
### General Provisions

There is no charge for this Endorsement.

**Effective Date** The Effective Date of this Endorsement is the Policy Date unless a later Effective Date is shown above.

**Reinstatement** If the Policy is terminated and reinstated, this Endorsement will also be reinstated.

**Termination** This Endorsement and all rights under it will terminate upon termination of the Policy.



[President]

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## Supporting Document Schedules

<b>Satisfied - Item:</b>	Statement of Variability
<b>Comments:</b>	
<b>Attachment(s):</b>	SOV-END-7058 Living Well Endorsement Generic FINAL.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Readability Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	DC Readability_UL_Term_SUL_FA.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

# THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

## STATEMENT OF VARIABILITY

DATE  
June 4, 2019

Form Number  
END-7058

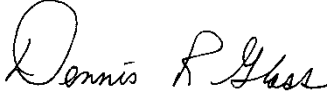
This statement of variability shows the sections and provisions of the above noted form that contain bracketed items to indicate variability. The range of variability and an explanation is provided for each bracketed item.

In addition to policy-specific information, the bracketed items contained in the attached form are intended to reflect those items, which might vary from future issues without requiring a re-filing of the policy forms.

No change in variability will be made which in any way expands the scope of the item being changed.

Variability may result in offering more than one plan of insurance with applicable classes of insureds in the market at any one time.

Variable items listed herein may be changed by us. Variable information will not be changed for issued policies, only for future issues.

Page	Bracketed Item	RANGE
1 of 1	Lincoln Living Well	<b>Title</b> may be subject to change in the future.
1 of 1	Effective Date: SPECIMEN	<b>Effective Date</b> may or may not print. The field will print if attached to an in-force policy. The Effective Date will vary by policy.
1 of 1	promotional item or wellness incentive	<b>Wellness benefit(s)</b> may be removed or added. Benefit(s) may change periodically depending on promotional goal and customer response.
1 of 1		<b>Company Officer Signature</b> may be subject to change in the future. In the event an officer signing the Endorsement changes, any new signature utilized will be the signature of an officer of the company.
1 of 1	President	<b>Company Officer Title</b> may be subject to change in the future. In the event the title of an officer signing the Endorsement changes, any new title utilized will be the title of an officer of the company.

**District of Columbia**  
**READABILITY CERTIFICATION**

***The Lincoln National Life Insurance Company***

**Re: END-7058 Lincoln Living Well Endorsement**

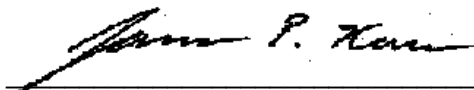
We hereby certify that the attached Form(s) is (are) in compliance with the Rules and Regulation requirements regarding Life, Annuities, and Accident and Sickness Insurance Language Simplification Standards and has (have) achieved a Flesch Reading Ease score of:

**Form Number:**

***END-7058***

**Flesch:**

***60***



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James Kane, Assistant Vice President  
Product Compliance, Filing & Implementation

Date: 01/09/20